GSA CARD DATA VALIDATION FOR AGENCIES
REQUEST SHEET

Agency: _____

Government Point of Contact Name: _____

Government POC phone #: _____

Government POC Email: _____

Address to mail card back to: _____State: ____ Zip code: _____

Integrator (Company): _____

Integrator POC: _____ Phone: _____

CARD INFORMATION:

Card Pin Number: _____

TO or T1 (Circle one)

Card Management Solution Software Vendor: _____

Card Vendor: _____

Pin Unblocking Key: _____

Containers loaded on card (place X if loaded):

_____Card Capability Container
_____CHUID
_____PIV Authentication Certificate
_____Fingerprint
_____Printed Information
_____Facial Image
_____Digital Signature Certificate
_____Key Management Certificate
_____Card Authentication Certificate
_____Security Object

Please complete, scan, and send via email to Chi.Hickey@gsa.gov